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H. T. WEBSTER, M. D., EDITOR.

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JUNIPER POMADE IN NASAL OBSTRUCTION.

BY A. J. HOWE, M. D.

IN your September issue of the CALIFORNIA MEDICAL JOURNAL you commented favorably upon my juniper pomade. "That it will cure neoplasms of the posterior nares—polypi of fibrous growth, however, we are doubting." In this closing remark the editor is correct. It seems to me that nobody can know better than I the difficulty of destroying noso-pharyngeal developments of a fibrous character. They must be divulsed, or attacked, with chloride of zinc, and followed up with escharotic applications. Ten grains of the zinc in an ounce of glycerine is about the right proportion to be efficient, yet not damaging to sound structures. I would try a stronger solution if the weaker failed to accomplish the purpose designed. The escharotic may be carried to the right spot with a swab suited in size to pass the nasal chambers.

For fibro-gelatinous neoplasms a solution of salicylic acid, twenty grains to an ounce of glycerine, is to be employed in place of the zinc solution, a milder eschaotic being sufficient. In a jelly-like polypus of the nasal cavities, the juniper pomade locally applied twice a day is all the treatment needed, a camel's hair brush being the medium of application. But the virtues of the agent are not restricted to polypoid growths of the nasal region,—the unguent is one of the very best to cure eczema in almost any form, and of all parts of the body, including pruritus ani and pudendi. However, it should be reduced one-half with lanoline, to avoid irritation of impressible parts. Scaly eruptions of the face, rodent and lupous in character, are made to heal in a brief period of time. Then in ulcerations of the nose, and catarrhal states of the organ, the pomade is curative; and the unguent allays headache in most instances, especially if the pain arises from worry of any of the branches of the fifth pair of nerves.

The foregoing may seem to be hyperbole, but I assure my medical readers that I am simply relating the substance of my experiences with the agent. I will say of its physical properties that the pomade is of about the same consistence summer and winter, a quality not possessed by many salves. In obstinate cases of perineal itching I have added tar water to the pomade, making the combination semi-liquid. The point should be borne in mind that pruritus valvæ is the sequence of acid discharges from the uterus and vagina, and cannot be radically cured without systematic treatment. I have not encountered a case of tinea capitis that juniper pomade would not cure, though the agent will not appreciably mitigate sycosis and leprosy.

MALARIA AND CALIFORNIA CLIMATE.

BY J. H. HUGHES, M. D.

THE query, "Where is California climate free from malaria?" put forth by the editor of the CALIFORNIA MEDICAL JOURNAL, and taken up by Dr. Booth, of Needles, is the occasion of the writing of this article. In my opinion there is but very little, if any, of the territory of this State that can claim absolute free dom from malaria.

When I first came to this State, three years ago, and settled where I now reside, I was informed by the settlers that here we had absolute freedom from malaria. This I have since found not to be strictly true, for many of the diseases I have had to contend with have shown a strong tendency to periodicity. Yet we have had no regular "chills," except in persons who had but recently come from known malarial sections, such as Kern and Tulare Counties. I am well satisfied that the malaria we have here is of a different "specie" from that found in most places, or at least much milder; but that we have it there can be no possible doubt.

Allow me to state a case or two to show the peculiarity of its manifestations:—

CASE I. A. B. A farm laborer. Had general "bad feelings," as he said, for some time, but went to work with a header during harvest. He soon commenced having fever during day-time, while he was thus engaged, which would be followed by a profuse sweating stage at night. Finally, in about a week, he took to his bed. I had a good opportunity to observe this case, as the patient came to my house for medicine, and took to the bed there. In the forenoon of the day he came his temperature was 102. By 4 o'clock P. M. it was 105. He was having, at the time, considerable diarrhea, which gave way in a short time to obstinate constipation. Thinking the fever could not be of malarial origin, I commenced treating him by symptomatic indications, which seemed to have no effect whatever on the disease. Then I commenced with quinine, and the consequence was that the morning temperature fell to about 100, and the evening to 101½ to 102. This temperature gradually subsided, and by the fourteenth day after he came his fever was entirely gone.

Now I wish to call attention to some peculiarities in the case: *The higher the fever rose, the slower became the pulse rate.* I recorded a pulse rate of 63 when the temperature was 102. When it had fallen to 99, the pulse rate was 76. Another peculiarity was an *extreme dilatation of the pupil* throughout the entire course of the fever. There were no medicines given capable of producing the dilatation of the pupil or the marked slowing of the pulse. There was no headache or delirium at any time.

Towards the close of the trouble there was considerable gastric and hepatic irritation, which was periodic in character, only producing discomfort when there would be a slight rise of temperature in the afternoon. Now, I am satisfied that I had a case of remittant fever "with some slight variations." And I may say, that from my former experience with the genuine article, I was truly "thankful for the variations." Some may think I had a case of typhoid fever, but the case did not develop any of the pathognomonic symptoms of typhoid.

CASE II. This run nearly the same course, no progress toward recovery being made till quinine was exhibited. There was, however, no slowing of the pulse from a rise in temperature. Now these cases exhibited none of the regular characteristics or orthodox symptoms of remittent or bilious fever, excepting the remitting nature of the temperature itself, and the ease with which it was controlled by quinine. If these cases were not real remittent fever, will some kind reader please inform me what they were?

I will not impose upon the reader's patience by relating any more cases, for these are typical of the fevers we have here. Now I wish to call attention to the fact that the locality in which these cases occurred was in the valleys of the Coast Range of mountains. This country has all the natural conditions for an anti-malarial district, and when I see its manifestations here, I doubt there being a place in California that is entirely free from it, with the possible exception of Dr. Booth's location. If there are such places, let us hear where they are.

Starkey, San Luis Obispo County, Cal., Sept. 15, 1888.

SOME EXPERIENCES WITH FRACTURES.

BY JOHN FEARN, M. D., OAKLAND, CAL.

IN reducing fractures, no matter where they may be situated, and in the after treatment of these difficulties, the objects to be obtained are, first, to secure the coaptation of the parts as near as may be possible, and, second, to keep the parts in such coaptation while nature by her own methods repairs the injury. To obtain the first desideratum, it will often be necessary to administer an anesthetic, but this depends very largely upon the grit of the patient, and the amount of relaxation needed. Having secured careful coaptation, as a rule, the suffering is not great, especially in children, for it is the irritation produced by the disarranged spicula of bone that leads to pain, and even spasms. The second object of the surgeon keeping the parts in coaptation, especially in the case of children, will often tax the skill and patience of the most experienced; and yet if we are careful in the means we employ, we shall not unfrequently be surprised at the results that will attend our efforts. To illustrate:—

In the year 1876 I was called to see a boy some seven years old, who had fallen from the loft of a barn, and had sustained a fracture through the middle third of femur. The boy I found was a self-willed lad, his mother had very little control over him. I carefully and snugly dressed the fracture, and told them to keep him in bed. Two days after I was informed that the boy had disarranged everything, and I was requested to call. I again fixed the limb in the most approved fashion, and left feeling persuaded that I had him. In a day or two after, the boy had undone everything. Part of the family being prejudiced in favor of the old school, a most excellent surgeon of that school was requested to meet me. We met and together put up the fracture, and in such style that my counsel said to me as we finished dressing the limb, "This dressing will not be meddled with till it comes off finally." The boy knocked around in his bed in such a manner that I was soon recalled. The fourth time I fixed up that limb I so fixed it that it stayed fixed. Before the limb was strong I left that section of country, and some time after I wrote to ask how the boy had come out. I received reply that, in spite of the boy's want of care, the case had terminated well, the limb was strong, and no shortening. Someone will perhaps say, Why not strap the patient down? My reply is that it was not a case where we could expect good results from strapping down. He was one of a number of children in a very poor family, and consequently could not get the care he ought to have had. He was naturally restive, impatient, and combative—in fact, just such a case where enforced restraint of the strapping-down kind does not work kindly.

Another case, some years later: A boy in wrestling had received a fracture of the radius. I put up the limb in splints, hung the arm in a sling, and started the young hopeful, with sundry and divers cautions as to how he should deal with the fractured limb. Suffice it to say, he paid no attention to my advice, so that I had to disclaim all responsibility in the case, and yet at the end of four weeks, when I took off the dressing, the fracture had united, and it was admitted to be a good job.

Coming down later, a boy was sliding in this city on roller skates; he slipped and fell to the sidewalk, breaking the radius. I put up the limb, and for a few days he was careful to follow my instructions as to the management of the weak member. After this he was ready for any mischief, and used the injured limb in a shameful manner. His mother, his only guardian, freely admitted that if there should be lack of union, I would be entirely blameless. I kept the limb snugly bandaged for four weeks. On removing the bandages and splints, it was found that union had taken place, and it could not have been better. That same night while playing with a pet dog, he fell backwards over the dog, and with his arm underneath him. The limb was once more broken at the same spot. I again put up the limb, and in a month's time he was once more *O. K.* In any of these three cases deformity and non-union might have been expected, and yet no case of fracture could turn out better than either of these cases.

Another case, a man working in the shaft of a mine, was struck by a piece of rock so that both bones of both legs were broken; the tibia of the left leg was shattered, and the bones pierced through the soft structures, making it a compound and comminuted fracture. I wanted to give chloroform while the bones should be returned to position, but the patient would not take it. He had excellent grit, and while I, with the assistance of a friend, produced extension, returning the protruding portions, the patient scarcely uttered a groan, but spent his time biting holes in his blanket to keep from crying out. The fractures got on well. A splint was improvised with an opening for dressing the wound, which soon healed. But I have often thought that the patient used all his courage over the adjustment of that fracture, for when the time came for him to leave his bed, he was afraid to do it; and when he got on crutches he was afraid he might fall and break his leg again. He got on so far that he passed from under my care, leaving my neighborhood. One day while the left leg was still weak he was traveling around on his crutch when he fell to the ground, again breaking the limb. All things considered, I think he has come out well, though I have no definite knowledge of him since the last fracture. Few who saw him at the time of the injury expected that his left leg would be saved. In conclusion let me say I have managed quite a number of fractures, embracing most all the principal ones, and I long ago came to the conclusion that except where we want to get extension, any physician with good mechanical ideas can manufacture his own splints, using for this purpose such materials as sole leather, stiff pasteboard, prepared felt, thin boards, etc.; and to the country doctor who travels a long way from his base of supplies, this is a great consideration, as he can find materials in almost any neighborhood.

SOME CONSIDERATIONS OF CLIMATE AND THE USE OF ELECTRICITY.

BY F. CORNWALL, M. D.

(*Continued from September number.*)

I HAVE so far enumerated the effects of our modern civilization on the whole world, but it is apparent that this applies with greater force to the United States (including some other parts of America) than other nations. We travel more, speculate more, are in greater haste to get rich, have more business reverses on account of the comparative instability of our affairs, etc. Ours is a free country, where education is universal, and where social position or poverty on the part of the youth is but little hindrance to the acquirement of honors or wealth. Every man feels the responsibility of citizenship, and realizes that failure or success in life must clearly depend on his own endeavor and capability. Our female population is influenced in a greater degree by our civilization than in Europe. There, a great portion of the women are to a degree slaves to their husbands or hirelings, and spend their lives at manual toil. With the wealthy and aristocratic this is not at all the case, but they by comparison have little anxiety, as their fortunes and positions in society are fixed beyond a probability of change. In America, how different! Our women have long since been emancipated from coarse manual labor, particularly in the field, and occupy an almost independent and equal position with the men in community matters. They are rapidly accepting positions of responsibility, and those requiring intelligence and severe mental training, and are taking upon themselves lives of independence. This seems admirable were it not for the law of compensation, which makes her suffer in nervousness for every advance in mental culture and business qualification. We may advance (or change) in our civilization until we will feel that by our cultivation we have lost too much of the comfort of being good animals.

As the late Dr. Beard has already demonstrated, the character of our atmosphere is an important factor, combined with other influences, some of which have been enumerated. It is known that our atmosphere is more arid than that of Europe, the greater humidity in that country being accounted for by the fact of the greater number of inland oceans, and other bodies of water, and also that many of their countries are nearly surrounded by the ocean. From these sources the air is constantly supplied with moisture. On the contrary, our continent is immense in area, with but few lakes or other inland bodies of water, and there is a great extent of arid plains and mountains. The part that will interest the reader is, how this dryness of atmosphere is to influence our constitutions or to predispose us to any new forms of disease. It may be noted that Americans are more spare of proportions than Europeans, and that they are possessed of finer and more sensitive nervous organizations. The dryness of our atmosphere makes constant draughts upon us by ready evaporation from the surface, thus exhausting us. It is commonly thought, and erroneously, in this climate that we perspire too little because our skins seem dry, while the fact is that the dryness comes from the rapid evaporation. This explains why persons bear a higher temperature in a dry atmosphere than in a humid one. It is known that in Arizona, or almost anywhere in the southern part of the Pacific Coast, men work in a temperature of 110° with as much comfort as in the Eastern States at 80°. This may all be accounted for by the reason of the rapid evaporation of the perspiration, thus lowering the temperature of the body.

Another point, and the chief one to be impressed by this article, is that this arid atmosphere is not a conductor of electricity, and that in consequence the currents that should pass from the earth's surface remain. It is known that in very dry mountainous regions localities become so greatly charged by electricity that in passing over them the horse's mane or the man's beard will become charged, and if at night will blaze as if on fire. Thus this great force of nature is confined, as it were, within its generating battery for need of a conducting medium by which to loose itself. Electricity, which I have reason to believe is the very *salt of life*, is hindered in its passage through the air, and our nervous systems become functionally weakened from lack of it. We literally *starve* for need of electricity.

Before I traveled over the Rocky Mountains, from the stories I had heard of the pure air and water, freedom from the causes of malaria, and the frequency of grand scenery to inspire and exalt the senses, I thought men ought to grow to be physical and intellectual giants, and that they ought never to get sick; but I had occasion to change my opinion. When I first had a good opportunity to observe the people who had inhabited great mountain altitudes for a number of years I was painfully surprised to find them shrunken and prematurely aged and actually dying off young. I could ascribe it to nothing at that time but the exposure of the pioneer's life, but when I noticed that newcomers declined in health, and died with slight provocation, I had to banish as a delusion my thought of this region being a haven of health and longevity.

Now I know why these people at great altitudes have so feeble a hold on life. Why, you all know that a cat, reputed to have so many lives, cannot live at Leadville, and that the slightest illness is sufficient to cause the death of robust men.

I had also heard much of the cure of consumption in these dry regions, and if it would cure consumption why not other diseases? Now, I think I know that humidity is an active element in the production of tuberculosis and scrofula and *vice versa.* Aridity of the atmosphere would act as an antidote to these conditions. Other influences considered (such as the alkali of the dry regions, which, with dust and other material, often irritates the mucous membrane), an arid atmosphere will dry up a catarrhal mucous membrane or prevent the softening of a tubercle in the lungs.

But how about its influence on the nervous system? It is known that neuralgia and rheumatism are very severe and obstinate in the great altitudes, and that nervous exhaustion is very common all over the great dry plains and mountains. There is one thing here that I am not able to answer, viz., just the part played in the production of diseases peculiar to the plains and mountains respectively, and whether it is alone the aridity in each case or whether the altitude independent of the dryness has its influence. It is, and has been for years, the habit of physicians of the Eastern States, to send their patients who are suffering with general and cerebral exhaustion to Denver or other portion of the Pacific Coast or great, arid Rocky Mountain region. In the light of present knowledge the mistake of such a procedure is very apparent. Better that they be sent to England or on an ocean trip. But to return. The question will naturally arise in the minds of the reader, Why does dryness cause nervous exhaustion? They have, perhaps, been familiar with the reason why moisture may induce certain forms of disease, but why dryness should, has not been generally asked or answered. My reason (and I do not claim to be the originator of the idea) is that in a dry atmosphere there is an absence of electricity. The earth acts as a great battery to generate this force, and when the atmosphere is full of moisture it is a conductor, and this is permeated with it as it passes upward to other bodies by which it is attracted.

By this it would appear that electricity is a necessary element of animal life, and is supplied by nature for nervous sustenance. In this way it comes in contact with the whole surface, and through respiration is carried into the lungs. Judging from its effect when applied artificially, it stimulates the terminal sympathetic nerves, thus securing a good circulation of blood in the capillaries and in this way preventing internal congestions. This view of the use of electricity by nature is most interesting as applied to climatology, and at once solves many a knotty problem. It is known that a European will become the possessor of many of the nervous characteristics of the American after a residence in this country a number of years (Beard says the European becomes Americanized in about twenty years), and the next generation are, so far as their nervous systems are concerned, completely transformed. It must not be supposed that I would admit that our climate is not possessed of virtues or characteristics calculated to develop physical and intellectual superiority, but that what we lose by their dryness we make up in some other way. What I would aim to impress is, that we must learn how to live in our climate, and as physicians, choose those therapeutical agents adapted to our own land instead of those used, and probably adapted, to the inhabitants of Europe. We should learn to think of electricity used artificially in this country more as a food than as a curative agent. You often hear it remarked that the electrical treatments did much good, but that they soon passed back into the same condition. As well might you say that beef-steak did similarly. This explains why mild faradic treatments seem to benefit (or agree with) almost all persons in these dry climates. For what we know, electricity is as necessary an agent to sustain animal life as the sun's rays.

It is not my object to furnish instructions regarding the proper way to use electricity in this article, but rather to furnish an incentive to further thought and investigation; and if anyone choose to reply pro or con to my statements, I should be most happy.

PORTABLE BATTERIES.

BY SIGMA.

During the last thirty years it has been my privilege to become acquainted with a great many lay and professional owners and users of electro-medical batteries. Among all these I found a great lack of knowledge pertaining to the construction and governing principles of these our great therapeutic aids. My desire to-day is to elucidate some points, for the benefit of the general practitioner, who may have had little time during his busy career to fully acquaint himself with the true inwardness of these valuable assistants.

Electricity is of two kinds: *Negative*, that which is generated by the friction of glass, hard rubber, resins, amber, etc., and *positive*, that which is obtained from zinc during its destruction by acids in the presence of an electro-negative element. Don't mistake this for the positive and negative poles of the battery! Also is this positive electricity obtained by induction when the permanent magnet is more or less excited, while surrounded by the insulated helix. The negative electricity is used some now for medical purposes. I shall not treat on it this time, but perhaps later on. To the general practitioner the positive kind is of the greatest interest.

The positive electricity can be obtained from any metal that is dissolved by acids—any kind of acid—during the presence of an electro-negative substance. Zinc is mostly used, as it is cheaper, easier decomposed, and more readily manipulated. Zinc and carbon seem to be the most opposing substances, hence will give the greatest current. a zinc and carbon plate are partly submerged in an electrolyte, and these two plates (called *elements*) connected by means of a copper wire or strip, outside of the solution, then the galvanic current will flow *from the zinc to the carbon, in the liquid, while outside of the solution the current passes from the carbon to the zinc.* Hence, the *zinc is its positive*, and the carbon (or other element) *is negative in the electrolyte*, but the reverse *outside* of the solution. Please fasten this

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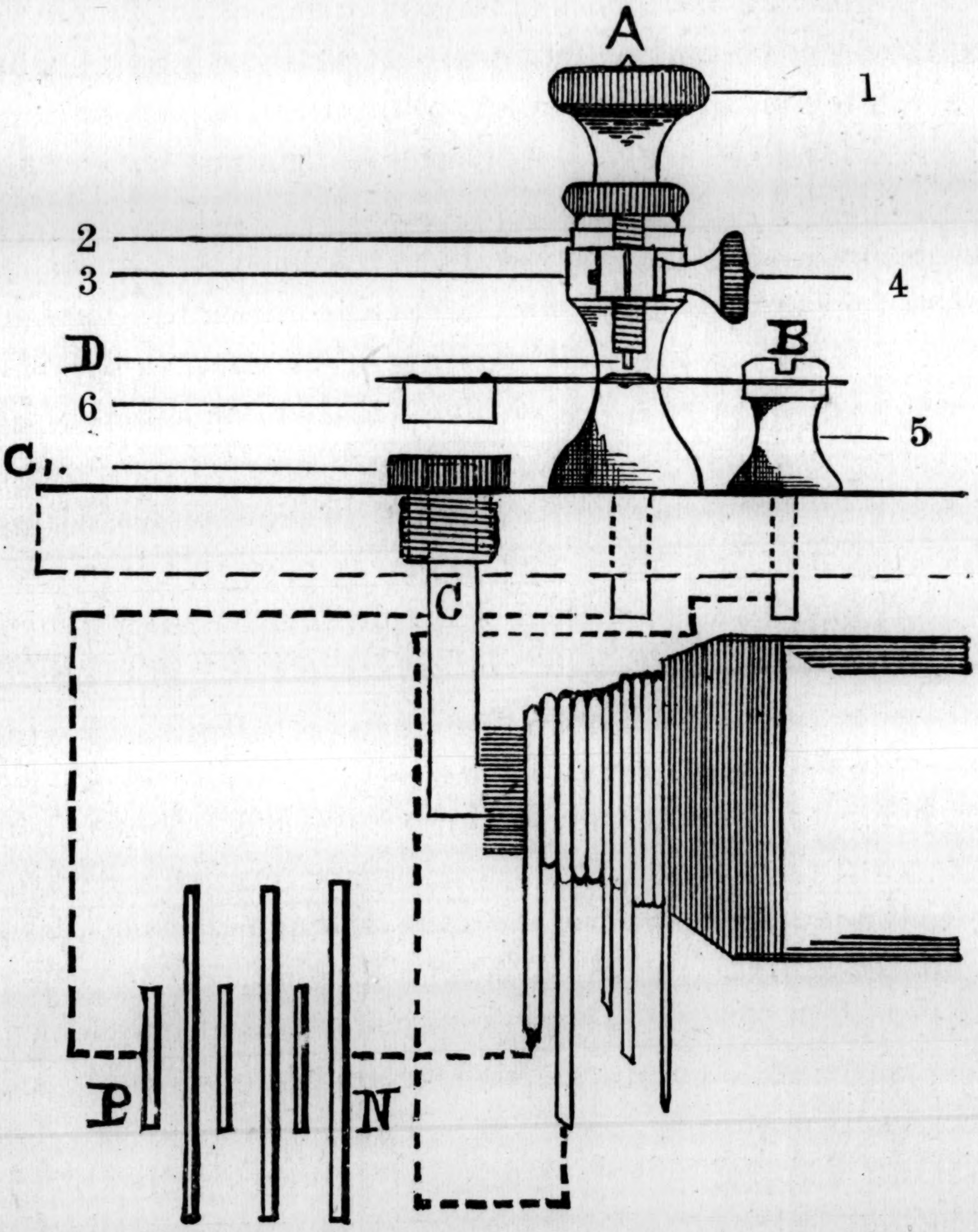
in your mind, as very many electrographers and even eminent medical men are confused on this point. The zinc being active, and the carbon negative, or receiving the current, the carbon *must* be the negative element *in the solution.* On the other hand, as the current *enters* the zinc *outside* of the liquid, to complete the circuit it *must* here be the negative pole of the battery.

The larger the surface of the zinc exposed to the electrolyte, the greater the volume of current. If many zincs are connected together, the volume is increased, while if, in a poly-cellular battery, the zincs and carbon are alternately connected, the intensity of the current will be augmented. Batteries with large surfaces are used for galvano-cautery, and the intensity or alternating cell batteries for electrolysis, or for the faradic current. The galvanic current has the property of exciting a magnetic current in soft iron as long as it passes around a bar or bundle of soft iron wires, and again the permanent magnet—a magnetized hardened steel bar—having its magnetism more or less stimulated by the vibrating or alternately revolving of a soft iron armature before its ends, will generate a galvanic current in the insulated coil of wire. There are the *induced galvanic* and the *induced magnetic* currents, but should not be mistaken for the generally-spoken-of *induced* or *faradic current.* For the better distinction, I believe it is best to call these respectively, the primarily induced and the secondarily induced, or faradic current. We have in the electro-magnetic machine the armature covered with an insulated helix revolving around a magnet. This style of apparatus is of little use to the practitioner, as it gives a variable induced galvanic current, depending on the varying speed with which the armature is revolved. The faradic current being so much used, I append a cut of an apparatus whereby this current is generated, and will explain the internal construction. P N represent the positive and negative ends of the battery (outside of the solution); P is the carbon, and N the zinc element. The current passes from P along the dotted line to the dotted stem of regulator past A, thence down through the platinum-pointed screw D, on to the platinum plate beneath it. Platinum is used here, as the spark soon oxydizes the base metals and then the current could not pass. The stream now goes through "B" to the dotted lines over the coarse wire or first coil surrounding the bundle of soft iron wires with extension "C" and its adjusting nut "C 1." completing its circuit at N. In the cut the rheotome spring should be represented as touching the platinum point at "D."



The galvanic current in passing around the core of soft iron wires, magnetizes these, which transfer that quality to the piece C, with the iron-adjusting nut C 1., and this attracts the iron head of the rheotome hammer 6, which breaks contact at D, thereby interrupting the current. This demagnetizes the core, the spring flies back to D, recompleting the circuit, and these operations are so rapidly repeated that the spring emits the peculiar humming sound. As the magnetized core induces a galvanic current in the helix, and the current passing through the helix generates a magnetic stream in the core, it is found that they stimulate each other, thereby giving the increased power of the galvanic current. We have here the interrupted galvanic current, the interruptions causing the shocks we feel. The electrodes, or handles, are connected in the primary current at end of the wire emerging from the coil. The secondary posts connect with the ends of the secondary coil, and you can have three or four more posts all connected with parts of the secondary coil. A very fine wire connects the large wires of the primary coil, so that the rheotome can work independent of the completion of circuit through the electrodes, or handles. This is necessary to give the faradic current when the handles or primary posts are not connected. Some manufacturers have the secondary and primary coils in sections, varying the currents and making many combinations. I will take the four-post apparatus, and in that the first two are the primary, the next two give the secondary current, and the following combinations, as given by the maker of my coil: First and second posts, a galvanic current that will electroplate, and a low-tension faradic; first and third, galvanic and strong faradic; first and fourth, powerful galvanic and faradic combined; third and fourth, full faradic current. Should we desire more strength to any of these currents, we can pull the tube out of the end of coil, thereby exposing more or less of the coil, which increases the power.

Keeping the batteries in repair. We all know that electricity and galvanism do not pass *through* but *over* the conducting media, therefore all metallic parts must be as bright as possible. Commencing with the cell, one or many, try each cell separately to see that the zinc is properly amalgamated, that the binding posts are clean, that the screw and wires, where connecting, are metallic and bright; and the same of the carbon side of cell. If no galvanometer is handy, place the two ends of wires from the elements to your tongue, and if all is correct you will perceive the peculiar *sour* galvanic taste! Connect all your cells and taste again. Next come our connecting cords or wires; if their ends are brightened and connected with the cells the taste ought to be there again. We now come to the faradic apparatus. See that all binding screws and posts, at point of contact, are metallic, that the platinum plate and point of rheotome are clean. Don't file off any here! Should at any time the aramature or hammer of rheotome stick to the magnet, then separate these and cement a thin piece of paper on one of the surfaces of contact, either on the hammer 6 or screw C 1. These surfaces should be bright, and the spring, when at rest, must gently press against the platinum point of screw D (see cut). The spring should be so weak that the least current will move it. Should you fail to get it to move of its own accord, you can easily coax it by gently starting vibrations with your fingers. If these points are in order, the only reason why the machine may refuse to work can be that the connections under the base of apparatus are possibly eaten or cut through.

The wet cells, especially if much acid is used, are a nuisance if you have to move the batteries about very much. I would recommend the Leclanché for office use, and if your portable battery box is large enough to take in one or more cylinders of three by seven and one-half inches, I would say put in dry cells. I have put into Dr. Fearn's and Dr. Logan's and some of my own batteries quite a number of dry cells, and these give no trouble, and are good for three years or more in an ordinary practice. A test was made as to the durability of these; one cell, taken from a box at random, was running 256 hours continually, then as it gave out it was laid aside, and after some rest it worked again for a long time. I think that these cells will be the thing for moving about with. They will certainly soon pay for themselves in time gained, and the experience of so little trouble and annoyance by their use. I would certainly advise (not because I prefer to make the alteration, but for the reader's benefit) all who wish a pleasant, always reliable, and esthetic battery, one that they can at any time be proud of, to have the Gassner dry cell replace the nasty, corroding, and expensive wet cells of no matter what name or make.

SELECTIONS.

PRACTICAL OBSERVATIONS ON SENILE HYPERTROPHY OF THE PROSTATE GLAND.

THE vesical troubles, which constitute the bane of advanced life, are chiefly due to changes occurring in the prostate body, which interfere with the thorough expulsion of the urine. The portion, however small, remaining in the most dependent part of the viscus, eventually undergoes fermentation, causing, first irritation, and finally inflammation and vesical catarrh.

The degree of obstruction cannot always be predicted by the size of the prostate, as revealed to the touch made through the rectum. In many instances the hypertrophy is largely in the direction of the bowel, and consequently may not encroach upon the lumen of the urethra. In other cases, the enlargement is symmetrical and the same absence of urethral encroachment will be noticed. When the growth proves to be asymmetrical, even though the body appears small to touch, we may expect to find an obstacle present to the outflow of the urine, this obstacle being caused either by alteration in the direction of the urethral canal or by the latter being partially blocked by the upward projection of the middle lobe.

Obstruction often has a relation to the particular form which the hypertrophy assumes. The prostate consists of three kinds of structure, being muscular, fibrous and glandular, and any one of these elements may preponderate over the others. That is to say, the chief mass may be fibroma, an adeno-fibroma, an adenoma or a myoma. The enlargement is a true neoplasm and not, as some would insist, merely a physiological process. Like in the uterus, for which it is the analogue, the new formations are associated with the culmination of the life forces and occur at a period when deterioration of tissue may be expected.

The evil or secondary effects of obstructive hypertrophy of the prostate, are vesical irritability, retention, incontinence, and cystitis with its consequences. Peripheral enlargement, that is when the growth increases in the direction of the rectum, does not in itself cause serious obstruction to the flow of the urine. Many aged persons furnish examples of enlarged prostates from which no further inconveniences are experienced than simply a little delay in starting the stream, the slowing of the latter and an inability to quickly get rid of the last drops, requiring more than the usual time to empty the contents of the bladder, nevertheless accomplishing the act perfectly.

The advice which should be given to such persons by the family physician may be summarily comprehended in these words: "Take your time." It is useless to make strong voluntary efforts to hurry the micturition, indeed such efforts tend to stop the stream entirely by the levator ani muscles raising the prostate and thus closing the vesical orifice of the urethra. The urine should be allowed to flow, with scarcely a conscious effort, and when near the completion of the act if the penis be elongated by traction made with the thumb and finger, the last drops can be easily coaxed out by the vigorous action of the compressor urethræ and the levator ani muscles. If the patient becomes impatient before this is effected, he will in all probability leave a small portion of water in the bladder, which, as time passes on, is bound to cause mischief.

We are, of course, not to ignore general measures, as the use of flannel underclothing for the body, protection of the extremities and feet against dampness and cold, abstinence from the use of highly seasoned foods and alcoholic stimuli, and the careful regulation of the bowels.

RETENTION.—It is no uncommon event for a person in the condition named above, or, indeed, in any of the varieties of prostatic hypertrophy, to find himself after exposure to cold, or in consequence of a debauch, or from long retention of the water, suddenly unable to pass urine. The urethra is closed by venous congestion of the prostate. Ordinarily a few leeches to the perineum, followed by hot applications and a large enema, if any rectal accumulation exists, will rapidly resolve the swelling and restore the power to urinate. If the case is not urgent, these agencies may precede any operative measure; but if the necessity for prompt relief exists, then the catheter must be employed, and usually its introduction, if skillfully managed, is not a difficult task in simple cases of retention. But just here, let me sound a note of warning in regard to the use of the catheter in complicated cases. Many lives have been lost by long-continued, or by maladroit, attempts to enter the bladder through the urethra. Instead, therefore, of persisting in futile attempts to reach the bladder through the urethra, resort should be had to the very simple and safe operation of supra-pubic aspiration. This may be repeated, or what I prefer is to leave the canula in the bladder for two or three days or until the swelling of the prostate subsides, and either the voluntary power to pass the urine is regained, or the difficulty in the way of using the catheter disappears.

INCONTINENCE.—Incontinence of urine is very commonly due to retention, the former condition being due to over-distension of the bladder. I could relate many sad cases of this nature, which have come under my observation, where the medical attendant has failed to recognize the true state of affairs, and supposed that because the patient was frequently passing water, therefore no accumulation could exist. It is an unfortunate mistake, for the muscular walls of the bladder of an old man, which have once been allowed to become over-distended, may never recover their power, but often remain in a state of paresis. Dribbling of the urine results, and frequent catheterization is required to prevent inflammatory infection,—a result which cannot always be escaped. Incontinence demands catheterization, washing out the bladder, hypogastric massage and strychnia.

CYSTITIS.—Inflammation of the bladder, unless brought about by instrumental violence or septic catheters, is due to the fermentation of retained or residual urine, and is pregnant with evil. In its train follow urinary intolerance, vesical spasm, submucous hemorrhages, ulceration, sacculation, phosphatic deposition, disease of the ureters and kidneys, and uræmic fever. To anticipate and prevent cystitis, should be the dominant thought of the physician, when intrusted with the care of prostatic hypertrophy, for when once entrenched, it is rarely conquered permanently. What signals foreshadow its approach? Among the earliest is vesical irritability, expressed in the desire to urinate with unwonted frequency, the act of micturition not being followed by a sense of completeness or satisfactory relief. Nothing can be more suggestive.

The time has now arrived for settling the question of residual urine by the catheter test. The first catheterization is a most important operation. This instrument is usually the vilest one belonging to the surgeon, and may convey into the bladder organic impurities, calculated to produce ammoniacal and other fermentative changes of the urine, which cause both local and general disturbance of the system. Catheter fever is often septic fever. The instrument, therefore, should be rendered entirely asceptic, by being placed for some time before being used in boiling water, and subsequently washed inside and outside with carbolized water (1 to 20). When the soft or rubber catheter is selected for the purpose, it is sufficient that it be washed with carbolated water.

To make a satisfactory examination of the bladder, the patient must be directed to pass his water, after which the instrument, smeared with carbolized cosmoline or oil, should be introduced. If, following the introduction, a tablespoonful of water is withdrawn, the fact of residual urine is established and the key to the situation is now in the hands of the patient. He must be instructed how to use the instrument without force, for fear of causing an abrasion of the mucous membrane of the urethra, and thus opening the door to infection. Once every twenty-four hours (preferably on retiring to rest) the urine should be drawn, at the same time never forgetting the disinfection of the instrument, both before and after the operation. If this course be rigidly followed, the risk of catheter or urethral fever will be minimized, and cystitis with all its horrid consequences be avoided. More than this, the hypertrophy of the prostate will in very many instances be arrested; for I am sure that the constant teazing of the bladder by spoiled water, and the vesical tenesmus which not uncommonly follows, are influential factors in producing hypertrophy of this body.

In those cases where the hypertrophy of the prostate is progressive, and where in consequence the caliber of the corresponding portion of the urethra is diminished, presenting more or less resistance to the use of the catheter, several devices have been suggested and practiced to enlarge the canal, as the use of graduated metal bougies, or closing the meatus between the thumb and finger, and thus distending the urethra by preventing the escape of the urine. These methods have nothing to recommend them. The first procedure has a tendency to cause irritation and congestion of the prostate, and the second favors dilatation o the bladder and ureters. Ergot has been extolled as a remedy in cases of continued enlargment of the prostate. It is thought that by virtue of its physiological action on smooth muscular fiber, contraction of the coats of the blood-vessels and of the muscular portion of the glands must follow its use. Though I have often used the drug, I have not seen any very conclusive evidence of its favorable action. Newman and others attach considerable importance to the galvano-cautery, as a means of lessening the nutrition and arresting the growth of these enlargements. I know of only one measure by which the hypertrophy under consideration can be permanently modified and often arrested, and that is by *prostatotomy.* All surgeons must have noticed that after the lateral or median operation for stone in the bladder in aged persons with enlarged prostates, the latter have undergone marked atrophy in the course of the healing; and it is this operation which I believe has a future in surgery. The procedure is a simple one, and with care does not seriously jeopardize life.

Prostatotomy is simply the median operation as done for stone in the bladder. The conditions which, in my judgment, justify recourse to this operation, are, *first*, when there is a steady increase in the growth of the prostate in a direction which causes marked obstruction to the flow of the urine, rendering the frequent use of the catheter necessary and difficult of execution; *second*, in cases in which cystitis is commencing or already exists, as revealed by the mucous and muco-purulent deposits in the urine; and *third*, when violent spasms of the bladder set in, either with or without the capacity of voluntarily passing the water.

I have long doubted the wisdom of resorting exclusively to the use of the catheter in these cases of frequently recurring vesical spasms, for the time will certainly come, if this practice be continued, when the bladder will forget the normal way of expelling its contents, and no amount of will power on the part of the subject can recover it, the patient being then wholly at the mercy of his instrument. It is true that vesical tenesmus alters the form of the bladder, pouching the *bas-fond*, and thus increasing the difficulty of expelling the urine. It is true, also, that these spasms can be controlled by the use of opiates, given in the form of suppositories by the rectum, or hypodermically, but neither catheterization nor opiate will do more than simply palliate, and with these disadvantages, that the use of the instrument every three hours or oftener, becomes an intolerable tax, aside from the liability of inflicting a lesion on some portion of the urethral tract, while the repeated use of anodynes gradually confirms the opium habit upon the patient, of itself an evil as great as the disease for which the drug is administered. For these reasons I would urge prostatotomy with drainage.

The advantages claimed for median prostatotomy with drainage are vesical rest and atrophy of the prostate body. It clears up every obscurity about the case. If an adenoma or a fibroma happens to be present it can be shelled out; if a stone is concealed in some pouch or recess of the bladder, it can be extracted and a great source of irritation at once removed. It offers the only hope of a cure of cystitis, or if not a cure, such relief as will make life comparatively comfortable. In four instances I have seen persons reduced almost to the door of death, not only relieved of distressing pain, but restored to fair health and usefulness by this operation. Two such cases are at present under my care, one of which promises to make a good recovery, and probably the other also, though sufficient time has not elapsed to speak with certainty. If such results can be obtained by the operation in extreme cases of hypertrophy with cystitis, how much more confidently may we expect to effect a radical cure, in the early stage of the disease before the cystitis has become entrenched in the bladder.

The operation of prostatotomy does not differ, as far as the division of the structures is concerned, from that of median lithotomy. After the prostate is incised and the bladder opened, the viscus should be well washed out with a solution of boric acid, and a soft catheter of large caliber introduced and secured in place. The catheter ought not to be carried too far into the bladder for fear of infringing upon its posterior wall and thereby exciting pain and spasm. After the fourth day the instrument should be removed, and, if free from incrustation, cleansed and replaced. If roughened or in any way damaged, a new one will be required. Throughout the entire course of treatment, the catheter must be removed and cleansed at least every third day. Once every day the bladder is to be washed out. The particular solution to be used can only be determined by finding out how this or that one consorts with the temper of the bladder. Generally it will be found that one of the following will answer every purpose: Boracic acid (grs. v—viii, water, ℥i, biborate of soda (grs. iii, water, ℥i), or hydrastis canadensis, glycerine and water (fluid extract of hydrastis, gtts. x—xx; glycerine, ʒss; water, ℥ii—℥iii). If phosphates form in the bladder, two or three grains of the acetate of lead to the ounce of water will act as a solvent. A very weak solution of permanganate of potash may also be found beneficial. It is desirable to introduce into the bladder not more than three, or at most four ounces of any of the washes.

The time usually required to keep up the drainage is from six to twelve weeks. After the perineal wound heals up around the catheter, the patient may be allowed to sit up in a chair with a false bottom, through the opening of which the tube can lie, a vessel being placed beneath to receive the urine. The time to remove the drain-tube will be determined by the absence of deposit in the urine, or, when the operation is done before cystitis develops, by the atrophy of the prostate. After the removal of the tube it is more than probable that a small fistulous orifice will remain for a long time, but the inconvenience resulting from the escape of a few drops of urine during micturition will prove of small importance; indeed, in two of my cases, the patients keep these small tracts open, introducing through them a very fine soft catheter, and occasionally washing out the bladder by this route, rather than by the urethra, a precaution which should be observed at intervals of every few days, in cases where cystitis has previously existed.—*Hayes Agnew, M. D., LL.D., in University Medical Magazine.*

POSTURAL TREATMENT OF CONSTIPATION.

A RECENT paper on constipation by an eminent surgeon of this city, and its discussion before the Boston Society for Medical Improvement, embolden me to speak of a source of trouble unnoticed, so far as I know, by formal writers. I allude to a faulty and unnatural posture at stool.

The act of defecation strongly resembles the expulsive stage of labor. The main propelling force in both cases is the contraction of the diaphragm and abdominal muscles, mere uterine action and intestinal peristalsis playing a subordinate role in both acts when physiologically performed.

The importance of posture and other aids in bringing out this natural action of the abdominal muscles in labor is tolerably well recognized by modern writers on midwifery. One often sees women in confinement quit the bed and take up a crouching attitude on the floor, instinctively feeling that they can bear down better in this position. The pulling and pushing movements with hands and feet so universally witnessed are directed to the same end.

Sixteen years ago I had myself the fortune to hit upon a simple and effective contrivance for this purpose which has proved of vast use in my hands. A description of it may be found in the Boston Medical and Surgical Journal of June 11, 1874. It consists simply of a twisted sheet with the ends tied together in the form of a ring or loop, in the lower part of which the feet are placed and pushed downwards, while the upper end is pulled upwards with the hands or wrists. It calls the whole set of waist muscles into powerful action, and secures, where the way is clear, a prompt and natural delivery.

But to return to constipation. I feel sure I cannot be mistaken after twenty years' practice, and I may say almost daily study of the subject, in thinking that a faulty posture at stool and consequent inertia of the abdominal muscles have been among the commonest causes of the disease in the patients under my care. A gentleman having finished his breakfast and lighted his cigar, retires, with the morning paper in his hand, to a cosy and well-heated apartment, takes a comfortable seat, and between reading and smoking passively awaits the tardy operation of nature. He either takes no active part at all, or at most inflates his lungs a little and holds his breath, thereby depressing the diaphragm, but having no marked action on the other expulsive muscles—the straight and oblique abdominal, the *psoae* and *quadrati lumborum*. As a result the bowels are imperfectly emptied, a residual mass is left behind in the colon, which, accumulating day after day, must finally be evacuated by artificial means.

Put the same man in the woods, say the Adirondacks. At the call of nature he seeks the nearest thicket, and there assumes a strictly physiological attitude. He neither sits nor stands, he squats. Every muscle of the back and abdomen is brought into play, the bowel is rapidly and completely emptied; and, vacation ended, he returns to his home a new man.

Watch any of the lower animals, the dog, the cat, the pig, the ape at the menagerie, even the horse and cow when hard bound—always an approach to the same attitude. I suppose everyone has noticed the same thing in young children.

I believe I need offer no apology for these observations.

We ought, then, to expect, what I have found to be the case, that the assumption of a correct posture at stool would prove a sufficient cure for what may be called passive constipation. The sitting posture should be interdicted, and a stooping one substituted. If the construction of the water-closet does not admit this it should be altered. The margins of the basin should be leaded, and wide enough to afford room for the feet on each side. Above this should be two covers, the lower one perforated, the upper not. One of the best arrangements, for men at any rate, would be to abolish the seat altogether, and have merely a stone or marble slab, with a hole in it, as is often seen in Europe, at or near the level of the floor.

For ladies the matter is less easily managed. I have often recommended the use of the chamber utensil instead of the ordinary seat. One lady of the most distinguished family and position assured me that this was one of the most valuable suggestions she had ever received. I have found it equally beneficial in other cases.

I have been using and recommending this posture treatment for twenty years. I hardly know any person of sense who ever properly tried it who did not find it of advantage. With proper diet and exercise it will surely cure the majority of cases with comparatively little aid from medicine. Still drugs and clysters are needful at times, and in certain cases must be regularly used, though I believe the greater part of those who require continuous dosing are persons too ignorant or too indifferent to try and cure themselves by natural and simple means. The abused motto, *natura duce,* too often made a mere cloak for professional ignorance, here finds a wise and wholesome application.—*Edward T. Williams, M. D., in the Boston Medical and Surgical Journal, August 23, 1888.*

PHIMOSIS IN THE FEMALE.

THERE is one condition, extremely common, and in many cases undoubtedly prolific of local and reflex disturbances, which I have never seen mentioned in any of the familiar text-books and works of reference. What one might find by searching the musty records of the past, if one had access and time, I cannot pretend to say. The condition to which I refer is similar to that so well known in the male, called phimosis.

If we will examine a normal clitoris we shall see that the hood or prepuce is perfectly free from the glands and can be retracted without difficulty, so as to expose the whole glands and the groove at its base. In many cases (and these are abnormal) it is impossible to do this, because the prepuce is adherent to the surface of the glands. Sometimes only the tip can be exposed, but more often the adhesion exists only over the distal half. You will find it almost impossible to bre ak up this adhesion without the aid of an anæsthetic, and it is best done as a part of complete orificial work; even cocaine fails often to overcome this sensitiveness sufficiently. On peeling back the prepuce we usually find smegma confined in the groove, and the affected surfaces highly inflamed and irritable.

More rarely than the simple adhesion we find the prepuce tense or shortened laterally, thus binding down and pressing upon the glands. To correct this condition it is necessary to incise the hood up the center or to stretch it. If large, it may be advisable to take stitches, and, if too redundant, even to amputate a portion of the prepuce.

And now, a word as to the effects produced by this female phimosis. That it may exist in many woman without ever giving rise to any local or reflex disturbances I do not deny. That it may prove a possible cause of such troubles, I affirm; and as a known abnormal condition its correction is always justifiable. The principal local irritation which I have observed is sexual excitation. Who knows but what this condition may not in many cases be the direct cause of masturbation? That it keeps up a constant irritation of the sexual function, whose craving for satisfaction ends in masturbation, I am positive.

Aside from local irritation, this condition of phimosis may certainly operate by way of reflex disturbances, keeping up an irritation of the whole nervous system and a consequent drain upon it. In short, may we not look for the same range of effects as have already so well been determined in the male sex? May we not hope to find here an additional key to the source of some obscure nervous disturbances in young girls and women?—*Medical Era.*

QUEBRACHO IN DYSPNŒA.

I NOTICE an article contributed by Dr. P. K. Taylor, of Wakefield, R. I., entitled, "Quebracho in Dyspnœa," and giving cases relieved by quebracho. As I have recently been treating a case of tuberculosis in which there was distressing dyspnœa, I will give my experience.

The lady was a blonde about eighteen years of age. Mother and two sisters had died from phthisis. I do not think I ever saw such difficult breathing; it almost amounted to asphyxia. I prescribed fluid extract quebracho in 20-gtt. doses, to be repeated every two hours until relief occurred. She very rarely had to repeat this, the first dose giving prompt relief, and she would continue to breathe well for twenty-four hours without its repetition. The remedy acted charmingly in this case; but, of course, this case is not enough to base any claim for the remedy being anything like a specific in such troubles.—*J. P. Baird, M. D., in Therapeutic Gazette.*

THE PROPER TIME FOR THE ADMINISTRATION OF ACIDS, ALKALIES, ETC.

ALKALIES should be given before food. Iodine and iodides should be given on an empty stomach, when they rapidly diffuse into the blood. If given during digestion, the acids and starch alter and weaken their action. Acids, as a rule, should be given between the digestive acts, because the mucous membrane of the stomach is in a favorable condition for the diffusion of the acid into the blood. Acids may be given before food when prescribed to check the excessive formation of the acids of the gastric juice. By giving it before meals, you check the osmosis stomach-ward of the acid-forming materials. Irritating and dangerous drugs should be given directly after food, such as the salts of arsenic, copper, zinc, and iron, except where local conditions require their administration in small doses before food. Oxide and nitrate of silver should be given after the process of digestion has ended; if given during food, chemical reactions destroy or impair their special attributes, and defeat the object for which they were prescribed. Metallic salts, especially corrosive sublimate, also tannin and pure alcohol, impair the digestive power of the active principle of the gastric juice, so should appear in the stomach during its period of inactivity. Malt extracts, cod-liver oil, phosphates, etc., should be given with or directly after food, so that they enter the blood with the products of digestion.—*British Medical Journal.*

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ICHTHYOL.

AFTER a general description of the physiological action and therapeutic properties of this remedy, Dr. Slaughter adds the following from his own experience:—

"In a case of facial erysipelas it entirely arrested the disease, and cured the part already affected in three days. In this case a thirty-per-cent ointment was used.

"In case of commencing mastitis, a fifty-per-cent ointment, with a small quantity of belladonna extract, afforded considerable relief from the very first application. In twenty-four hours there remained no danger of the gland suppurating, and in three days it had returned to its normal condition. It may be asked, Was it not the belladonna that accomplished this result? I answer, No. In the first place, there was not enough in the mixture to have done so, though it may in some measure have acted as an adjuvant to the ichthyol. While it is true that I have accomplished the same result with belladonna alone, I have never seen the pain and soreness of the gland so promptly relieved, nor a cure effected so quickly. I am inclined to regard the combination of ichthyol and belladonna extract as better than either alone.

"Just here let me say that to get the best effect from ichthyol applications, they should be well rubbed into the skin, which should be clean and dry.

"I have found it a most excellent application for contusions, sprains, strains, and various baseball injuries, relieving pain, soreness, and swelling in a very short time.

"In case of whitlow, where it did not entirely stop the formation of pus, it greatly alleviated the suffering and lessened the extent of the disease.

"In another case a young unmarried lady, who had suffered for years from pain and soreness of the left ovary, especially at her menstrual periods, and when using to any extent her arms, as in sweeping, has been greatly relieved by application over the ovary of an ointment of ichthyol.

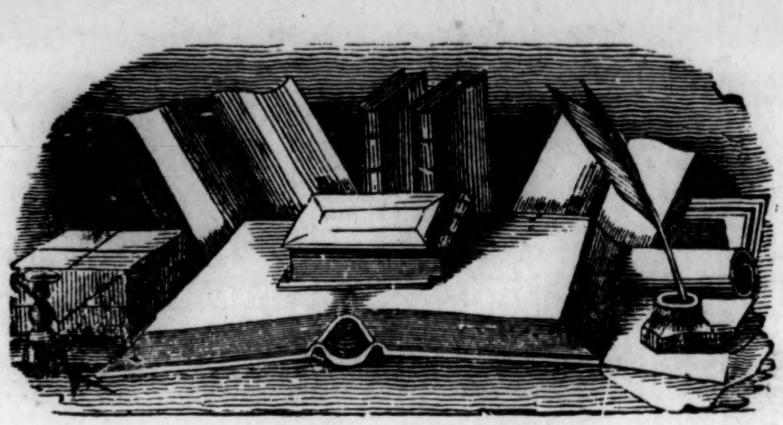
"Quite recently I have used a fifty-per-cent application to the parotid glands in mumps with most marked effect in relieving the pain and soreness. In two or three cases in which a testicle began to become painful, it afforded almost instantaneous relief."

HOW TO TREAT CRAMPS IN THE LEGS.

MANY persons, of both sexes, are greatly troubled with cramps in one or both their legs. It comes on suddenly, and is very severe. Most people jump out of bed (it nearly always comes on either just after going to bed, or while undressing) and ask someone to rub the leg. I have known it to last for hours, till, in despair, they would send for the family physician; and even then it would be hours before the spasms would let up.

There is nothing easier than to make the spasm let go its hold, and it can be accomplished without sending for a doctor, who may be tired and in need of a good night's rest. When I have a patient who is subject to cramp, I always advise him to provide himself with a good strong cord. A long garter will do if nothing else is handy. When the cramp comes on, take the cord, wind it around the leg over the place that is cramped, and take an end in each hand and give it a sharp pull—one that will hurt a little. Instantly the cramp will let up, and the sufferer can go to bed assured that it will not come on again that night. For the permanent cure, give about six or eight cells of galvanic battery, with the negative pole applied over the spot that cramps, and the positive pole over the thigh. Give it for ten minutes, and repeat every week for a month.

I have saved myself many a good night's rest, simply by posting my patients, subject to spasm of the legs, how to use the cord as above. I have never known it to fail, and I have tried it after they had worked half the night, and the patient was in the most intense agony. Even in such cases, at the first jerk of the cord, all pain left.—*R. W. St. Clair, M. D., in Medical Age.*



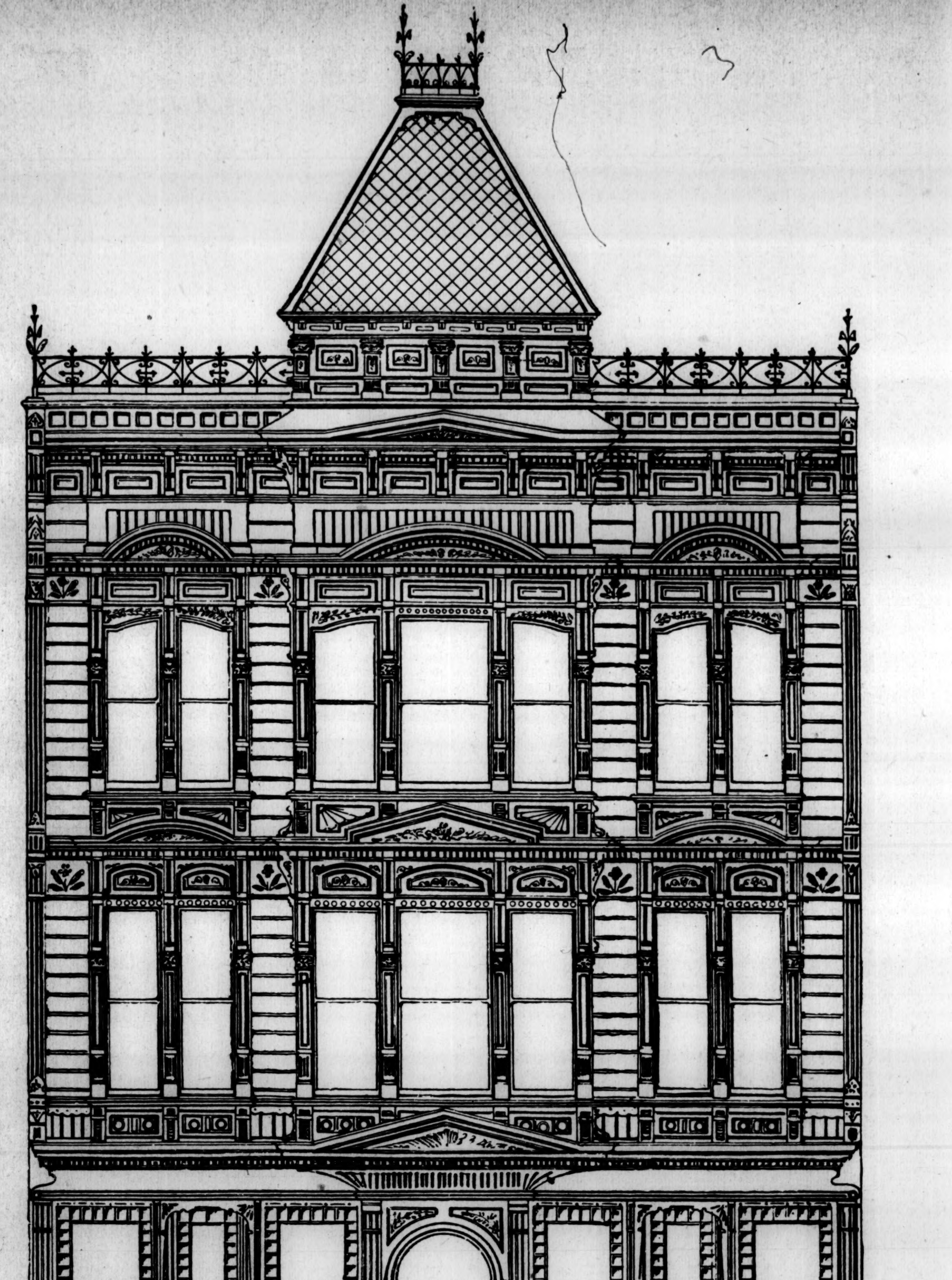
EDITORIAL.

The California Medical College.—We are pleased to be able to chronicle encouraging reports looking towards a permanent location and building for our College. Since the removal from Oakland, and sale of the property there, the sessions have been temporarily held in a rented building; but steps are now completed which insure for us a permanent location in a substantial structure in a central portion of San Francisco, the building to be completed before the intermediate course of 1889 begins.

A lot 37x127 has been purchased, and is now the property of a corporation organized with the expressed avowal of erecting a building for the use of the California Medical College. Enough stock besides has been cashed to leave not the room for a doubt of the speedy erection of the edifice. Enough of the Faculty belong to the corporation to make the balance good if necessary, and they will never permit the enterprise to fail or drag. We are beginning to possess money as well as brains in the California Medical College, and propose to boom the cause right here.

But it would be nice for some of our friends who can spare a few dollars for an investment—an investment, mind you, not a gift—to aid at the present time. We regard the investment as a good one. So will anyone who knows anything about the past history of San Francisco, and the fabulous prices to which business real estate has advanced there within the past few years. We regard it as much better than investments in mines or Government bonds. It is safe, certain to advance, and quite likely to advance mightily.

A circular will soon be issued, setting forth these points fully, 3



Proposed California Medical College Building.

and we will try to get it to every Eclectic practitioner on the coast. More distant well-wishers need not consider themselves barred by this statement; we will welcome investors from any quarter, and can conscientiously affirm that no wild statements will be found in the circular to deceive the gullible. We do not expect many takers of stock, however, who have not looked the ground over. These will not gainsay what we claim.

In every respect the affairs of our institution are looking up. Our Faculty is being augmented by the addition of a number of able and substantial men who possess faith enough in the affair to take liberally of the stock, and our alumni are enthusiastic over the prospects of assured permanency and progress.

We hope to grow with the increasing population and general prosperity of our time. It is now time that the faith of Eclectic practitioners, if good work is an essential to its development, be founded upon the home institution. Lukewarm friendship is worse than none. What we ask is that everyone interested in Eclectic medicine on this coast be also interested in our institution to the extent of good-will at least, and the next decade will develop such a position for our cause as will be satisfactory to all engaged.

Dr. Clark's Case of Infantile Jaundice.—We have been waiting for someone to discourse on the report of C. S. Clark, M. D., which was published under Correspondence, last month, concerning a case of infantile jaundice which proved fatal.

Medical writers on diseases of children assert the frequency of jaundice in the newly-born, and divide the conditions into: (1) *icterus neonatorum*, the discoloration or false jaundice, which consists of the yellow appearance of the skin, following the intense congestion consequent upon the temporary cutaneous oxidation of the blood for the first few days of infantile existence (red gum); and (2) *icterus infantum*, a true jaundice which is divided into *benign* and *grave*.

Though usually a disease of little moment, infantile jaundice may be the indication of very serious complications. The *grave* form of jaundice may be the result of three different conditions, viz.: congenital atresia of the gall-ducts, compression of these passages from syphilitic inflammation and growth, or umbilical phlebitis and pyemia.

As this child was six weeks of age, umbilical pyemia may be cast aside as a probable cause of the condition; and as the doctor states that the parents were healthy, and the family history good, we cannot justly infer that hereditary syphilis was at the bottom of the trouble.

The question then arises, Was this a case of congenital stenosis of the biliary ducts? or was it a case in which similar causes might have operated in the adult, namely, duodenal catarrh extending into the bile-ducts, plugging of the ductus communis choledochus with inspissated bile, acute yellow atrophy of the liver, miasmatic influences, etc.?

Evidently the pathology of this case must ever rest in obscurity. A *post-mortem* might have demonstrated the pathology of the case—decided whether there was absence of the biliary outlet, cirrhosis, or other pathological state. As it is, we can only infer and speculate. The following case from "Smith's Diseases of Children" is suggestive, and demonstrates that a child may live longer than six weeks with congenital imperviousness, or absence of the gall-ducts.

"A male infant, deeply jaundiced, was brought to the out patients' room of the East London Children's Hospital, and was at once admitted by my colleague, Dr. Radcliffe Crocker, into the wards. The child was born of healthy parents, none of whose other children had been similarly afflicted. He was said to have been a robust, healthy-looking infant at birth, and shortly afterwards to have passed two dark stools. Since that time, however, his motions had been hard and white, like lumps of chalk, and the bowels had acted only once a day. The jaundice had first appeared when the child was only a week old, and had progressively increased. The infant had been suckled for a month, and was then fed on Swiss milk. He often vomited, not always after taking food, and was capricious about his bottle, sometimes refusing to suck. His water had always been dark, leaving yellow stains on the diaper.

"When admitted the child was fairly nourished. His skin was deeply jaundiced, and his conjunctivæ were yellow. There was a papular eruption (strophulus) all over his body. The liver could not be felt at this time on account of the child's struggles, but was found a few days afterwards to project two finger breadths below the ribs. The boy lived a month after his admission, wasting gradually and often crying as if in pain. Then aphthæ appeared in his mouth, and he sank and died. There were no hemorrhages. His jaundice persisted, although it varied curiously in intensity; and before his death the tint of the skin was several shades lighter than when he entered the hospital. The liver remained about the same size, and felt firm and smooth. The spleen was not enlarged. After death the liver was found of a dark olive color, and its consistence seemed to be increased. The gall-bladder was rudimentary, and the hepatic and common ducts were absent."

Let us hear from some of our readers on this subject.

Resorcin in Skin Diseases.—We have noticed several commendatory notices in our exchanges within the past few months of resorcin as a local application in eczema, and other cutaneous affections, and have been giving it a trial in some obstinate cases where pruritus was the prominent symptom.

The following formula, recommended by Dr. H. P. Chase, in the *Therapeutic Gazette*, nearly a year ago, was the method employed:—

℞ Resorcin, ℥ss.
Glycerine, ad. q. s., ℥iv.

This was applied to the itching surface with the effect of not only alleviating the itching in a short time, but of promoting healing of the surface.

At the present time skin diseases are quite common, and some cases are obstinate against the older methods of treatment. This remedy, then, promises more than the majority of remedies in ordinary use, and we advise a trial of it by our readers who have stubborn cases of cutaneous disease on hand. Try it, and report

Electricity in Yellow Fever.—The recent epidemic of yellow fever in Florida has failed to demonstrate any good result of the germ search which has for some time been in progress. Probably some diseases depend upon germs for their origin, but it is not the least improbable that this hue and cry after germs will go out of fashion by and by, and the good old notions of *lang syne* reassert themselves. History thus often repeats itself.

Apropos to the subject, however, and worthy of mention, is the statement that electricity proves speedily curative in bad cases. The following quotation from the *American Medical Journal* more fully conveys the idea:—

"*A New Method of Treatment.*—Some time ago a letter was published from Mr. John N. Webb, of Birmingham, Ala., in reference to an electrical treatment for yellow fever. Finding no response to his offers of aid, Mr. Webb, accompanied by Dr. Sauche, arrived in Jacksonville to-day, and immediately went to work. The daughter of Mr. Peters, of 130 Forsyth Street, was found with a high fever, and in fifteen minutes after the application of the electro-pose, perspiration appeared. In half an hour or more it was very profuse, and when the last instrument was removed, at 11 o'clock last night, her temperature was normal. Yesterday she was dressed and playing around the house, and to all appearances fully restored to health. These gentlemen have offered their services gratuitously to those suffering with the fever, and guarantee cures if called at the time a physician should be sent for. The treatment is entirely harmless, and is attended by no unpleasant effects. Some of the most prominent citizens, two or three physicians among them, are interested in the subject, and are investigating it. Two printers were cured last night, and to-day they are up.

"The Auxiliary Association has requested the Board of Health to examine into the matter."

EDITORIAL NOTES.

H. VANDRE, M. D., recently made the JOURNAL a pleasant call while on a visit to San Francisco.

A WRITER in the *British Medical Journal* recommends peppermint water locally for the relief of pruritis pudendi.

RECOMMENDATION of the fumes of burning sulphur for the cure of whooping-cough is still going the rounds of the medical press.

R. W. MUSGRAVE, M. D., has recently been attending the meeting of the Grand Lodge of F. A. M. in San Francisco, as a delegate from Hanford.

YELLOW fever has never, we believe, in the history of San Francisco gained a foothold there. This point commends our climate beside that of Florida, where the disease has run mad riot within the past few weeks.

GEORGE DOCK, M. D., in the *University Medical Magazine*, records the finding of a portion of vegetable hair in the substance of the liver just beneath the capsule. He supposes it to have come from the seed of one of the cereals.

A WRITER in the *Lancet* says: "I have not failed once for many years, by a single vesication over the fourth and fifth dorsal vertebræ, to put an end at once to the *sickness of pregnancy* for the whole remaining period of gestation, no matter at what stage I was consulted. The neuralgic toothache and pruritis pudendi of the puerperal condition yielded as readily, and to one application."

J. W. HAMILTON, M. D.—This gentleman has recently been elected as a member of the Faculty of the California Medical College, to fill the chair of gynecology. He brings with him a ripe experience in clinical medicine and surgery, and has already proved highly acceptable as a lecturer upon the subject to which he has been appointed. The Doctor has taken stock in the building association, so that he evidently intends to make San Francisca his permanent abiding place, and the friends of the College may congratulate themselves upon a valuable acquisition to the working corps of the institution.

D. HAYES AGNEW, M. D. (*University Medical Magazine*), recommends prostatotomy for the permanent cure of senile hypertrophy of the prostate gland. He asserts that atrophy follows recovery from the operation. The operation is identical with that of median lithotomy so far as the division of structures is concerned. After the bladder has been opened it should be well washed out with a solution of boracic acid, and a soft catheter of large size introduced and secured in place. After the fourth day it should be removed and cleansed, and if damaged a new one introduced in its place. Throughout the entire treatment this removal of the catheter should be seen to every third day.

MISCELLANY.

THE fluid extract of quebracho is said to be an excellent application to frost-bitten extremities, burns, etc. In half an hour it has dried, forming a tough adhesive crust, under which the formation of the skin progresses favorably.—*N. E. Medical Monthly.*

CRYSTALLINE PHOSPHATE.—"I have thoroughly tested in my practice Crystalline Phosphate, and the results attending its use bore flattering evidence of its superiority to any preparation of the kind now in market."

DR. JOHN H. HENGY, *Apollo, Pa.*

REMOVE THE DUTY ON FOREIGN MEDICAL SUPPLIES.—The Georgia Medical Society has moved in the right direction. At its January meeting the following resolution was unanimously adopted:—

> *Resolved,* That the Corresponding Secretary enter into correspondence with our other State and local medical societies, with the view to induce them to act in concert with us in an effort to influence Congress to remove the import duty from medical and surgical supplies, instruments and appliances.—*Daniels T. M. Journal.*

COCAINE IN NASAL POLYPUS AND HEMORRHOIDS.—In Albany *Medical Annals* for February, it is stated that ten to fifteen drops of a six per cent solution injected into a polypus or a hemorrhoid will cause its death by contraction of the blood-vessels that supply it. Then why should cocaine not cure uterine fibroids, hypertrophied tonsils, and goitres in the same way?—*Daniels' Texas Medical Journal.*

PILOCARPINE IN ALCOHOLISM.—Dr. Needy, in the Memphis *Medical Monthly,* recommends the hypodermic injection of pilocarpine, from grains one-fifth to one-half, in acute alcoholism. He claims that it shortens the duration of an attack, is reliable, safe, and easy of administration. It is more especially indicated where the nervous manifestations predominate. Later on, in the stage of depression, it would be contra-indicated.—*Medical World.*

NITRIC ACID FOR BRIGHT'S DISEASE.—Dr F. Herle, of Rochester, New York, proposes the injection, per rectum, of dilute nitric acid in the treatment of Bright's disease and albuminuria, in doses ranging from half a scruple to a drachm in eight ounces of water. He claims to have had much success with this novel treatment, and states that the quantity of albumen commences to decrease from the very first injection. He recommends an injection daily for two or three weeks.—*Medical World.*

A NEW DISEASE.—An African clergyman in preaching from the text, "And multitudes came unto Him and he healed them of divers diseases," said: "This is a terrible text, my dying congregation. Disease is in the world. The small-pox slays its hundreds, the cholera its thousands, and yellow fever its tens of thousands, but in the language of our text, if you take the divers you are gone. These earthly doctors can cure small-pox, cholera and yellow fever, if they get there in time, but nobody but the good Lord can cure the divers."

BENZOATE OF SODA IN URÆMIA.—According to Dr. A. S. Partzersky, of Moscow, this drug acts almost as a specific in uræmic poisoning. Ten cases were treated, seven of which suffered from parenchymatous and three from interstitial nephritis. The dose was one to two drachms daily. Nine of the patients recovered, one died. Headache, dilation of pupils, albuminuria, and even the convulsive phenomena disappear. Its use is recommended to commence with the first symptoms.—*Daniels' T. M. Journal.*

GLYCEROLE FOR PIGMENTARY SPOTS ON THE SKIN.—Dr. Unna prescribes the following:—

Oxide of bismuth,
Rice starch, āā 2 grs.
Kaolin, 4 grs.
Simple glycerole, 10 grs.
Distilled rose-water, q. s.

Put this mixture on the pigmentary spots and let it dry. Bathe carefully before making the application.—*Le Clinique, in Journal of Cutaneous and Venereal Diseases.*

STYLOSANTHES.—Fl. ex. stylosanthes elatior is doubtless a wonderful remedy, prepared by Messrs. Parke, Davis & Co., and recommended as a uterine sedative and tonic. Two weeks ago, in a case of irritability of the uterus and consequently abdominal pains, in the seventh month of gestation, after the failure of other remedies, I employed fl. ex. stylosanthes, of which I hold an ounce sample, giving gtt. xv, and after an hour another such a dose, which relieved promptly. I shall give it further trial. I consider it also valuable in parturition, and think the drug is worth trial in this class of cases by the medical profession.—*F. Von Frankenstein, in American Medical Journal.*

THYME FOR WOOPING-COUGH.—Dr. Johnson, of Washington, says of whooping-cough in the *Medical and Surgical Reporter:* "In my treatment of this disease, I require my little patients to wear flannel—red or white—next the skin, and be kept in a room well ventilated, the temperature of which should be kept at night, as well as during the day, at about sixty-five degrees in the winter season. They are not allowed to leave this room until restored to health. I direct an ounce of common thyme to be put into one pint and a half of hot water, and boiled down to one pint, and then strained and sweetened well with honey or sugar. In this manner it is made pleasant to the child. To infants I order one or two teaspoonfuls to be given regularly every hour or two, and to children a tablespoonful every hour or two during the continuance of the disease. Should auscultation reveal inflammatory action of the bronchial tubes or lungs, I usually add two drachms each of iodide of potassium and powdered chlorate of potash to each pint of the sweetened decoction, and direct it to be used in the same manner as the simple decoction. Under the influence of this treatment my little patients pass through attacks of whooping-cough with astonishing ease and comfort, and only on rare occasions have I been compelled to use any other medicines. This treatment is greatly aided by a prudent attention to diet, which should consist of milk and farinaceous foods."

THE CATGUT SUTURE.—M. Monod, at a meeting of the Societe de Chirurgie, spoke on the accidents attending the use of certain kinds of catgut, and cited the case of a Swiss surgeon who had a regular series of accidents—phlegmons, erysipelas, gangrene. He substituted for the catgut carbolized silk, and ever afterwards had union by first intention even in major operations. M. Lucas said that the catgut of commerce should be abolished completely from the treatment of wounds. The carbolized silk was much superior, especially in the ligature of the pedicile of an ovarian cyst. The ends instead of being eliminated, became encysted without causing any prejudice to the patient.—*Medical Press and Circular*, *February 8*, *1888*.

MECHANICAL TREATMENT OF WHOOPING-COUGH.—Dr. S. Goldsmith, of Reichenhall (*Southern Clinic*, December, 1885), gives a practical method by which he has had unexpected success. He treats this disease mechanically; believing that the nose and the naso-pharynx constitute the seat of the contagion, he injects a solution of salicylic acid (1 to 1,000), or corrosive sublimate (1 to 10,000) into the nose, making the injection every two hours, and effected in this way a complete disinfection of the nose and naso-pharynx. He also uses the injection in the day-time (six times), the next day only four times, and in most cases the whooping-cough disappears by this treatment. Should another attack appear in a few days, it would only be necessary to make a few more injections. Dr. G. declares that whooping-cough in the first stage will certainly disappear in the short time stated under the above-mentioned treatment.—*New York Medical Times*.

THE CARE OF THE NAILS.—Very few people know how to properly care for the nails. In cleaning them, a sharp knife ought never to be employed, but between the ends of the nails and the fingers the space should be filled with soap, and then removed by brushing with the so-called nail brush. Many improperly cut away that part of the flesh which grows over the nail from the bottom; but it should simply be pressed backward, and sufficiently to show the white part, considered by some to be a mark of beauty. If the flesh is adherent to the nail the operation may be facilitated by passing the sharp point of a knife underneath the fold of flesh and separating it from its attachments. With this done, it can be pushed back more readily. Scissors should never be used to cut the nails; that should be done only with a sharp penknife.—*Boston Journal of Health, April, 1888.*

VAGINITIS.—Vidal has found the balsam of Gurjun one of the best substances in treating vaginitis. Tampons soaked in a mixture of two parts of lime-water and one of the balsam are introduced within the vagina. Some irritation and burning sensations are at first experienced, but soon disappear. In gonorrhœa Dr. Vidal employs the balsam of Gurjun internally as well.

The following formula is applicable in certain cases of dry eczema giving rise to excessive itching:—

℞ Glycerole of starch, 30 grams.
Tannin.
Calomel, āā 1 gram.

The glycerine must be very pure or the preparation will be irritating.—*Journal de Medicine.*

TREATMENT OF PSORIASIS.—In spite of all new forms of treatment introduced from time to time for the cure of psoriasis (some of which have their special application for certain cases), Vidal believes (*Jour. de Méd. No. 10*) that for the generality of cases we find in the oil of cade a superiority which forces us to come back to it again and again. By its use it would appear that recurrences are less frequent.

The following formula is given:—

℞ Glycerole of starch, 100.
Green soap, 5.
Oil of cade, 100.

This makes a soap much more easy of application than the oil of cade alone. It should be applied each night, and a flannel nightdress worn, which is only changed at long intervals. In the morning a bath with tar soap is to be taken, and if desirable. the odor of the tarry preparation is removed with some perfume, —*Journal of Cutaneous and Genito-Urinary Diseases.*

A "COUNTRY PRACTITIONER" writes to the Maryland *Medical Journal*, June 9, 1888, asking advice as to what instruments he should carry with him in his daily rounds. He began practice with a small pair of pill-bags and a lancet, but as he purchased every new instrument whose merits were endorsed by his medical journal, he now takes with him, in addition to his medicine chest, a stethoscope, obstetric forceps, tooth extracting instruments, syringes—sizes adapted to adults and children—a magnetic machine, patent cupping apparatus, case of surgical instruments, speculum, pessaries—assorted sizes—and a vaginal syringe. He thinks of adding to this varied collection three thermometers, for the armpit, anus, and vagina respectively; and the editor thinks he should take with him a gynæcological chair and an operating table.—*Ex.*

A NEW TEST FOR OLEOMARGARINE.—L. W. McCay gives, in the *Analyst*, a new test for distinguishing oleomargarine from pure butter that is quite novel. He has accidentally discovered that the sense of taste in mice is so highly developed that they can tell the spurious from the true article. What is more, they refuse to eat, also, unless very hungry. Hence, all that is necessary for a rough analysis is to place samples of the goods out in watch glasses where the little rodents can have access to them. The true butter will be devoured and the artificial shunned.

The idea is certainly novel, but we see no reason why it may not be both true and practicable. It is well known that the lower animals have more acute senses than human beings, and this may be an opportunity to utilize one of them.—*Nat. Druggist.*

CHRONIC SYPHILITIC SALIVATION.—A. W. Furber, M. D., L. R. C. S. and L. D. S., says: "I have for a long time had a (gentleman) patient under my care for disease of the teeth, and although my operations progressed favorably, I had many difficulties to contend with. The whole of my patient's teeth appeared to have a syphilitic taint, and with increased flow of saliva, amounting to chronic salivation. These were not the only troubles I had to surmount; but that which retarded my work most was the repeated recurrence of syphilitic ulcers of the sulcus and gums generally, which, though not painful to my patient, were still a source of considerable discomfort, and militated greatly against the success of my operations. IODIA having come under my notice, I was inclined to give it a trial, and with the addition of a small proportion of liq. hydrarg. bi-chlor., taken daily before meals for a time, also used occasionally as a mouth wash, the salivation became normal, the mucous membrane assumed a more healthy state, and the teeth generally looked like coming back to their original color."

80 Fortess Road, London, N. W.

BATTERIES FOR SALE.

A RE-MODELER galvano-cautery battery, six plates, 5½x9 inches, trimmings nicely nickeled, in splendid order; also some galvano-Faradics, with DRY cells. *Kidder tips and others altered to dry-cell batteries.* No spoiling of clothes, or other annoyance, with the dry cells.

DR. J. C. SCHLARBAUM,
Of California Medical College,
2417 Mission St., S. F.

BOOK NOTICES.

THE PATHOLOGY, DIAGNOSIS AND TREATMENT OF DISEASES OF WOMEN. By Graily Hewitt, M. D. London, fourth edition. Edited, with notes and additions, by H. Marion Sims, M. D., New York. Published by E. B. Treat, 771 Broadway, New York, in three volumes, $2.75 each.

It has now been more than ten years since the former edition of Dr. Hewitt's work was published, and so important and numerous have been the advances that in this edition the author has considered it expedient to almost re-write the entire work.

Dr. Hewitt's hobby is uterine misplacement. He attributes congestive states—hyperplasias—to impeded circulation, the result of flexions and versions, and proposes to remedy them by the use of various mechanical appliances and by dilatation of the uterine cervix.

The nausea of pregnancy he also ascribes to flexion of the uterine cervix, and proposes to relieve it by appropriate mechanical treatment.

The work is quite fully illustrated, and is of value as a reference to the practitioner who often desires to consult some quarter for suggestions in the management of stubborn cases of uterine trouble.

EXCESSIVE VENERY, MASTURBATION, AND CONTINENCE.

The etiology, pathology, and treatment of the diseases resulting from venereal excesses, masturbation, and continence. By Joseph W. Howe, M. D., author of various works, late professor of clinical surgery in Bellevue Hospital Medical College, Fellow of various prominent medical societies in New York City and vicinity, and consulting surgeon and physician to various hospitals of that city. Published by E. B. Treat, 771 Broadway, New York. Price, $2.75.

This work is the gist of a course of lectures delivered in the medical department of the University of New York, on the results of excessive venery, masturbation, and continence. The author has not only recorded his own experience, but has also included the treatment advised by some of the leading specialists of the world on the subject, in such a manner as to furnish a very acceptable guide to the practitioner in this department, which is an important one in the field of general practice.

Dr. Howe's work indicates industrious research in the field canvassed. To those not already possessing a work of the kind, and desiring to obtain one, we can commend this.

THE MODERN TREATMENT OF DISEASES OF THE LIVER.

By Dujardin Beaumetz. Translated from the fifth French edition, by E. P. Hurd, M. D. Published by Geo. S. Davis, Detroit, Mich.

This little work discusses very intelligently, and in keeping with modern views, the various diseases to which the liver is subject. It contains more valuable information concerning the topic than many more pretentious volumes. The chapter on hydatids of the liver alone is worth the price. Paper, 25 cents; cloth, 50 cents.

THE THEORY AND PRACTICE OF THE OPHTHALMOSCOPE.

By John Herbert Claiborne, Jr., M. D.

This little work is occupied in the discussion of the main facts in ophthalmoscopy and in the method of using the ophthalmoscope. To ophthalmogists it will prove of more interest, probably, than to the general practitioner. Still the subject is one that even the general practitioner can study with advantage. How many hours of time are wasted in a year by the average general practitioner which, put to account, might make him a man of mark. Published by Geo. S. Davis, Detroit, Mich. Paper covers, 25 cents; cloth, 50 cents.

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